

	INJURED, SICK, OR UNCONSCIOUS PERSONS	Operations Order 7.4.00
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1. **INJURED, SICK, OR UNCONSCIOUS PERSONS**

- A. The Fire Department will be the primary emergency medical provider for medical emergencies occurring in the City.
- Employees will provide medical assistance to injured, sick, or unconscious persons if trained to do so and if the assistance will not cause an unsafe condition to employees or the public.
 - Medical devices such as AEDs and Tourniquets can be used if the employee has been properly trained.
 - The Department will provide medical training based on accepted national standards and equipment manufacturers specifications.
- B. If the Fire Department is not already responding/on scene, employees will request the Fire Department to respond to any/all medical emergencies.
- (1) Once on scene, employees will inform Fire Department personnel of any symptoms the person displayed in the employee's presence **and** any unusual situations the person has been involved in, such as hobbled or wrestled/fought with officers (this information is crucial for Fire Department personnel to provide appropriate medical treatment).
- C. If the Fire Department is the first on scene of a medical emergency, they should notify the Police Department when:
- It appears an offense or traffic accident is involved.
 - A death is involved.
 - Injury was self-inflicted or inflicted by another person.
 - There is a possible City liability.
 - Assistance is needed for crowd or traffic control.
- D. Suspected Opioid/Opiate Drug Overdose and Naloxone Use
- (1) The Department is committed to training and supporting its employees regarding medical interventions for suspected opioid/opiate drug overdoses and will maintain a program to enable employees to assist persons suspected of an opioid/opiate overdose.
- The program will follow the standards set by [Arizona Revised Statute \(ARS\) 36-2228](#) and the Department's contracted medical director (the Department will not create a standard of care or duty to act that contradicts ARS 36-2228).
- (2) Definitions

(a) ARS 36-2228	• State law governing the use of naloxone for law enforcement • Requires a standing order issued by a licensed physician or nurse practitioner • Outlines training requirements • Provides immunity from civil, professional, and criminal liability • Does not create a duty to act or standard of care
(b) Naloxone	• Brand name of Narcan • A prescription medication that is used to reverse the effects of an opioid/opiate drug overdose
(c) Medical Director	• A licensed doctor, in the State of Arizona, designated by the contracted base hospital to provide medical oversight
(d) Opioid/Opiate	• Classification of drug that includes, but is not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, and codeine

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1. D. (3) Administration of Naloxone

(a) Only employees who have been certified through Arizona Peace Officers Standards and Training Board (AzPOST) approved training will be authorized to carry and administer naloxone.

- Training will follow the standard set in [ARS 36-2228](#) and by the Department's contracted medical director.
- Certification will be valid for two years and refresher training is required for recertification.

(b) Only persons suspected of an opioid/opiate overdose will be given naloxone.

(c) Indications of an opioid/opiate overdose are:

- Altered level of consciousness (LOC)
- Respiratory depression or apnea (not breathing)
 - * Shallow, slow (<8-10 breaths per minute), or inadequate breathing
- Unable to wake up with painful stimuli
- Constricted pupils (miosis)
- Needle track marks
- Profuse sweating (diaphoresis)
- Cardiac arrest

NOTE: The Naloxone Reference Card PPD #96 may be also be used as a reference to help determine if a person is suffering from an opioid/opiate overdose.

(d) Employees will:

- Ensure the scene is safe for both the public and other responders before administering naloxone.
- Request the Fire Department to respond.
- Ensure the procedures outlined in the certification training are followed when administering naloxone.
- Inform the responding emergency medical personnel of the amount of naloxone given to the person.

(4) Notifications to be Made When Naloxone is Administered - When naloxone is administered, employees will notify:

(a) A supervisor.

(b) The Safety Unit to have the naloxone replenished and its use documented.

- The Safety Unit will be provided with the below information to meet the Arizona Department of Health Services and the Department's contracted medical director reporting requirements:

- | | |
|------------------------|---|
| * Patient name & DOB | * Dose & route naloxone administered |
| * Location of incident | * Patient's response to the use of naloxone |
| * Indications for use | * Patient disposition (EMS, 901H, etc.) |

(5) Employees will complete an FI to document the suspected opioid/opiate drug overdose and Naloxone use.

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1. D. (6) Employees will be responsible for ensuring their issued naloxone does not expire by requesting a replacement from the Safety Unit prior to the expiration date.

- (7) Lost or damaged naloxone will follow the procedures as outlined [Operations Order 4.7.00, Rules and Regulations](#), section titled, City and Personally-Owned Equipment.

E. Stimulant Psychosis

- (1) A person who uses/abuses certain stimulants, such as cocaine, amphetamines, and methylphenidate (active ingredient in Ritalin), may exhibit delusions, auditory and visual hallucinations, and aggressive or suicidal behavior, including shouting, panic, paranoia, and violence toward others.
 - This behavior may be followed by a period of quiet, and then respiratory arrest and sudden death.
- (2) When bizarre behavior is observed and stimulant use/overdose is suspected, employees:
 - Will request the Fire Department to respond
 - May provide medical assistance if trained to do so
 - Will notify a supervisor
 - Will complete an FI to document the suspected overdose

F. Unconscious Persons

- (1) Since many physical problems (diabetes, overindulgence in alcoholic beverages, drugs, etc.) may cause unconsciousness, employees will ensure the Fire Department is requested for any unconscious person unable to be awakened with painful stimuli.
 - An intoxicated person who cannot be awakened will be handled as an unconscious person.
- (2) Unconscious Military Personnel
 - (a) Employees will notify the appropriate local military agency when military personnel are unconscious or seriously injured as the result of an accident.
 - If seriously injured military personnel are able to communicate, they will be responsible for such notifications.
 - (b) The Communications Bureau maintains a list of telephone numbers for local military facilities.

G. Identification of Injured/Sick/Unconscious Persons

- (1) When a person is seriously injured, suffers from an unknown illness, or is unconscious and is transported to the hospital, employees will attempt to locate and forward to the hospital appropriate identification for the person and any drug containers found at the scene.
 - (a) Such information is important to prevent delays in treating patients who may be juveniles, may be allergic to certain medicines, suffer from heart trouble or diabetes, etc.
 - (b) In cases of overdoses or attempted suicides by drugs, identification of the drug taken is extremely important for proper treatment.

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1. H. Required Documentation

(1) Injured, sick, or unconscious persons will be reported in the following manner:

(a) Serious Injury/Unknown Illness	An FI will be completed if hospitalization or death may result from the serious injury/unknown illness, such as possible poisoning or a suicide attempt.
(b) Unconscious Person/Suspected Drug Overdose	- An FI will be completed. - VCB will take the initial investigation if the person dies.
(c) City Liability Incidents	- An IR/FI will be completed. * A copy of an IR/FI reporting any incident occurring on Police Department property, regardless of the extent of injury, will be forwarded to the Fiscal Management Bureau (FMB) project manager. * A report will be completed in BlueTeam following the procedures outlined in Operations Order 3.7.00, Risk Management/Liability Protection, Section 1.B.

(2) A separate IR/FI will be completed for each serious injury/unknown illness, or unconscious persons which may require follow-up, such as a suicide attempt, gunshot or knife wounds, poisoning, or asphyxiation.

- When more than one person is injured/sick/unconscious due to the same approximate cause and at the same approximate time, all injured, sick, or unconscious persons will be listed in the same IR/FI.

Last Organizational Review: